

(LMWH), for patients following major abdomino-pelvic cancer surgery. This study examines adherence to this guideline in a district general hospital, before and after engaging the MDT with LMWH prescribing.

**Methods:** Details of abdomino-pelvic cancer resections performed at the RUH Bath were prospectively collected from November 2013 to July 2014. Local dispensing and incident-reporting databases were retrospectively analysed to identify prescription of LMWH, dosage, time-period and VTE occurrence within 28-days of surgery.

An educational presentation including the ERAS guidelines was given to clinicians involved in prescribing and the extended dalteparin requirement was added to the hospital WHO theatre checklist. Adherence to guidelines was then reaudited.

**Results:** 11% (6/54) of audited patients from November 2013 to July 2014 had the appropriate dalteparin regimen prescribed. No subsequent VTE events occurred in any patients within 28-days of surgery. Appropriate prescribing improved to 67% following the changes demonstrating a statistically significant improvement (Z-score, two-tailed hypothesis,  $p < 0.01$ ).

**Conclusion:** Engaging the MDT and discussing extended VTE prophylaxis at the time of surgery improves adherence to ERAS guidelines. With further education, we now aim to improve adherence to an audit standard of  $> 90\%$ .

#### 0440: SENSITIVITY AND SPECIFICITY OF COMPUTERISED TOMOGRAPHY AND ULTRASOUND SCANNING IN THE DIAGNOSIS OF ACUTE APPENDICITIS: A RETROSPECTIVE STUDY OF LAPAROSCOPIC APPENDECTOMIES

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**Aim:** The removal of a normal appendix at diagnostic laparoscopy is not uncommon. However, recent data suggest that the morbidity of negative appendicectomy may outweigh the benefits. We aimed to determine whether CT or US scans have a role in preventing negative appendicectomy.

**Methods:** We audited all patients who underwent a laparoscopic appendicectomy in our secondary centre between November 2013 and October 2014. The accuracy of CT ( $n = 26$ ) and US ( $n = 37$ ) results in detecting appendicitis were analysed based on postoperative histology results.

**Results:** The negative appendicectomy rate was 28.6%, and this was significantly higher in females ( $p = 0.006$ ; OR 2.55). CT was 81.0% sensitive and 100% specific. US was 52.9% sensitive and 45.0% specific.

**Conclusion:** Females are at risk of negative appendicectomy. CT has a high sensitivity and specificity, and therefore may be useful in the investigation of suspected appendicitis. Recent studies have shown pre-operative CT in women can reduced the negative appendicectomy rate by half. At our centre, US has a poor sensitivity and specificity and is therefore not a reliable test in the diagnosis or exclusion of appendicitis. However, it may continue to have a role in confirming or excluding other abdominal or pelvic pathology.

#### 0452: CLOSURE OF ILEOSTOMY: CAN WE IMPROVE EFFICIENCY WITHOUT COMPROMISING PATIENT SAFETY?

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**Aim:** 90 patients underwent ileostomy closure in North Bristol Trust between 2011 and 2014; their median length of stay was 8 days. In some trusts patients are managed according to a 23-hour stay protocol. Our aim was to evaluate if a similar protocol for these patients may be introduced safely in North Bristol Trust.

**Methods:** 190 patient records were analysed, all patients undergoing elective loop and double-barrelled ileostomy closure were included. Those who were inpatients prior to their operation had other operations in conjunction with ileostomy closure or ileocolic anastomoses were excluded.

**Results:** The overall complication rate was 31.7%, mortality rate was 0%, re-operation rate was 4.7% and readmission rate was 14%.

60% of patients are discharged within 3 days; the complication rate amongst this group was 15.7% and the readmission rate was 12%. The complication rate amongst patients discharged after 3 days was 59% and the readmission rate was 17%.

**Conclusion:** Patients discharged earlier did not have increased complication or readmission rates compared to those with longer inpatient stays. This suggests there is potential for improving efficiency without compromising patient safety. Based on these results we intent to implement a 23-hour protocol for ileostomy closure patients.

#### 0489: PERINEAL HERNIA POST EXTRALEVATOR ABDOMINOPERINEAL EXCISION (ELAPE), OMMENTOPLASTY AND PRIMARY REPAIR

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**Aim:** It is evident from the most recent data that extralevator approach for abdominoperineal excision (ELAPE) for low rectal cancer has improved the oncological outcome significantly. However, this approach results in a large perineal defect. Aim of this study is to assess the incidence of perineal hernia after ELAPE, omentoplasty and primary closure of the defect.

**Methods:** Retrospectively, we reviewed the records of 24 patients who had open ELAPE combined with omentoplasty and primary closure between April 2008 and February 2014 by the same surgeon.

**Results:** A total of 24 patients were reviewed. Twenty (83%) males and 4 females, age range between 39 and 87 years and a median of 68.5 years. Follow up for an average period of 37 months (0-72 months). Twenty one received neo adjuvant radiotherapy. The overall perineal morbidity was 37% (9 patients) in which four of them developed perineal hernia (16%).

**Conclusion:** The incidence of Perineal wound failure in our study is comparable to those patients who had reconstructive flaps or mesh. However, our study shows a high incidence of perineal hernia raising the question of routine use of prophylactic biological mesh in the closure of the perineal defect.

#### 0533: TRANSANAL ENDOSCOPIC MICROSURGERY: EXPERIENCE FROM A REGIONAL COLORECTAL UNIT

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**Aim:** With increasing detection of early rectal cancers and benign adenomas secondary to bowel cancer screening, Transanal Endoscopic Microsurgery (TEM) has emerged as a useful alternative to trans-abdominal and trans-anal excision of pedunculated and sessile rectal polyps. It remains unclear what proportion of these polyps are screen-detected. The aim of the study is to elucidate the proportion of screen-detected versus symptomatic polyps managed with TEM, as well as investigate the clinical and histopathological characteristics of polyps being resected.

**Methods:** A single-centre retrospective study based in a regional colorectal unit. Data including macro- and microscopic completeness of excision, histopathology of polyps, and whole versus piecemeal excision were collected on all patients undergoing TEM between 2010 and 2014.

**Results:** Of 104 patients, 25% ( $n = 26$ ) underwent TEM procedures for screen-detected polyps, while 39% ( $n = 41$ ) for symptomatic lesions. 79% ( $n = 82$ ) had benign lesions while 21 (20%) were malignant lesions (mainly pT1) with 1 non-polypoid lesion (scarring). Overall, 61 (59%) excised lesions had microscopically clear margins, while only 17 (16%) lesions were excised as piecemeal.

**Conclusion:** As expected, bowel cancer screening detected polyps represent a significant proportion of the TEMs workload, and this is proving an invaluable tool in the management of rectal polyps.

#### 0584: DO SURGEONS REQUEST INAPPROPRIATE COLONOSCOPIES FOR THE INDICATION OF RECTAL BLEEDING?

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**Aim:** 1) To evaluate current colonoscopy requests with rectal bleeding as part of or the sole indication. 2) To see whether there is difference between surgeon requests and physician requests for colonoscopies for rectal bleeding.